

The Health Care Monitor

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TRICARE Northwest

Doctor returns to Navy roots; finds a pleasant surprise

By Judith Robertson
Naval Hospital
Bremerton, PAO

Will Toth, MD seems to be a living example of the old adage, "what goes around, comes around."

Toth, a Family Practice physician, began working as a civilian doctor at Naval Hospital Bremerton in Sept. 2002, but it isn't completely unfamiliar territory for the former lieutenant commander. In fact this is the third time he has worked in the facility. He began as the first Chief Resident in the first class of the Puget Sound Family Practice Resi-

dency Program in 1982. A Chief Resident is selected by his or her peers to be the leader of the residency class and in that capacity he or she acts as liaison between the staff and classmates and assistant to the program director.

"I came here as a lieutenant after my tour on the destroyer tender USS Sierra (AD 18) in 1981. At that time I was a second year resident. It was the beginning of the program here, under then Capt., Rear Admiral



Dr. Will Toth shares a bit of humor with his Medical Assistant, Annelise Cuaron and Desiree' Boeckel as they check the ten-year-old's vital signs during a visit to the Naval Hospital. Toth delivered his own Medical Assistant in 1981, when, as a Navy physician, he was on call the night Cuaron was born. (photo by: PH3 Rachel Bonilla)

(Ret.) Bob Higgins," he said.

After a stint at the Naval Academy as a staff physician, Toth returned to NHB in 1986. It was then he decided to pur-

sue a civilian career. He worked as a family physician in a clinic on Bainbridge Island from 1987 until August 2002.

Returning to

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Health Insurance Portability & Accountability Act

By TRICARE Management Activity, East (*For more information visit the tma.osd.mil website.*)

The Military Health System (MHS) Notice of Privacy Practices (NoPP) is provided as a requirement under the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Although the MHS has always had privacy and patient confidentiality standards in place to limit unauthorized access or disclosure of personal health information, the new privacy rule provides TRICARE beneficiaries with additional safeguards for ensuring their health information is adequately protected and is used by the MHS and TRICARE to provide quality patient care.

The NoPP explains how MHS may use and share your personal health information to carry out treatment, payment of services and health care operations. Other reasons permitted or required by law are also referred to in the Notice. The NoPP ex-

plains your rights to read and control your protected health information and explains the responsibility MHS has to protect you, the beneficiary.

Personal health information may be about your past, present or future physical or mental health or condition and relates to health care services. It could include your age, ethnicity, or other personal statistics. You have the right to do the following:

- Read and copy your personal health information

- Ask for limits to be put on the use or sharing of your health information

- Ask that communications about your personal health information be done through ways that further protect your privacy

- Ask to have corrections made to your personal health information, and

- Get a listing of where and when your personal health information was shared.

- The NoPP will be mailed to all TRICARE

sponsors beginning in December 2002. During a future military treatment facility visit, you will be asked to sign a medical record jacket label acknowledging receipt of that (NoPP). This is so the MHS can make certain that all TRICARE beneficiaries have been informed of their right to the privacy of their personal health information. Your acknowledgment of receipt of the Notice in no way affects your eligibility to receive care. Privacy Officers are available at each MTF to address any questions or concerns.

If you did not receive a copy of the MHS NoPP in the mail, you may view the MHS Notice of Privacy Practices. This Web site will also provide general information on other aspects of TRICARE's implementation of HIPAA.

HIPPA Privacy Officers by MTF

This list of HIPPA Privacy Officers is provided for easy reference. HIPPA Military Health System Notices have begun to be mailed to all TRICARE Sponsors and some staff may have questions. Please refer questions to your Military Treatment Facilities' HIPPA point of contact or Mr. Don New, HIPPA Project Officer for the TRICARE Northwest Region who can be reached at (253) 968-5921 or DSN 782-55921.

MTF

HIPAA POC

Basset Mr. Bob Shankle, 907 353-5101
Bremerton LT David Richman, 360 475-4644
Eielson Maj William Wood, 907 377-6646
Elmendorf Lt Col Kent Helwig, 907 580-3140
Fairchild Lt Col Ronald Martin, 509 247-5888
Madigan Capt Sean Francis, 253 982-9139
Oak Harbor LT M. Greiner, 360 257-9520

Acknowledgment of Military Health System Notice of Privacy Practices
 The signature below only acknowledges receipt of the Military Health System Notice of Privacy Practices, effective date 14 April 2003.

Signature of Patient/Patient Representative _____ Date _____
 Name _____ (Print Name of Patient/Patient Representative if Applicable)
 Title _____
☐ Patient/Representative Declined to Sign _____ MTF Staff Initials _____

Sample label

Smallpox inoculation...more of what everyone should know!

Editorial by Fran

McGregor *(who is a medical provider and renal transplant recipient)*

During the past few months, as plans were being developed to vaccinate members of the armed forces and health care workers against the threat of Smallpox, the media has routinely focused on the potential threat to those who receive the vaccination. In so doing, they failed to address or educate the public regarding the larger threat to general population - the potential to infect or otherwise compromise immunosuppressed individuals.

Two generations of Americans have not been vaccinated against smallpox since it was declared eradicated worldwide by the World Health Organization in the late 1970s. In that time, the face of health care has changed dramatically in terms of technology, treatment and even the types of diseases encountered. When I had my TB tine test and Smallpox vaccination in the first grade, we didn't have HIV, organ transplant technology was in its infancy, and cancer was a disease for which we had no effective treat-



Ms Fran McGregor, Madigan Army Medical Center, Breast Cancer Initiative Coordinator

ment.

Today, an ever-increasing number of people who are immunocompromised in our communities are strongly at risk when exposed to certain viruses and illnesses.

Anyone undergoing radiation treatment or chemotherapy or both for cancer would fall into this category, for example, as would those with AIDS or HIV infection. As a kidney transplant recipient, I personally belong to another group of immunocompromised patients, as immunosuppression is vital to successful organ transplantation.

Another factor that will undoubtedly add to this problem will be the general lack of education due to the fact that the only mass vaccination programs most young Ameri-

cans have experienced in their lifetimes were for the flu. Although Americans may be better educated about health care than ever before, there are still huge gaps in that education, particularly as they relate to transmission of disease. Do you know how many people still take children suspected to have chicken pox straight to a clinic or emergency room exposing them to both fellow patients and staff, not realizing that adult onset of chicken pox can be deadly or debilitating for life?

As a nurse, I know that health care providers are trained to properly practice medical hygiene. I have personally observed on occasion, however, disease contamination of medical wards by careless providers. If medical pro-

fessionals who know better do not routinely follow their training, one can imagine the potential for others to slip that are not so trained.

The last time I received the inoculation, no special screening or teaching was done at the time. None of us were told that if we touched the oozing sore and did not wash our hands afterwards that we were planting potential infection everywhere we touched. We simply went home, waited for the scabs to form and then disappear leaving a rather unsightly scar. My particular vaccine "took" five times, thus five scars!

Now times are different. As a medical provider and as a renal transplant recipient, I am forced to look at many vaccination programs with trepidation. During the first year following my transplant, my patients (mostly active duty) were pre-screened for contagious illnesses and were queried as to whether they had received certain "live" vaccines within a 3-week period or were recently exposed to chicken pox. Even so, as a precaution, I wore a mask with all patients. I did not go to church, grocery shopping, and avoided

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Military deploys digitized patient record

By Gerry J. Gilmore
American Forces Press Service

WASHINGTON—

A computerized system will eventually provide military physicians with fast, around-the-clock access to patient records anywhere in the world, a DoD health care official noted.

The Composite Health Care System II, a digitized, networked patient record system, has been green-lighted for deployment to serve the military health care system's 8.7 million beneficiaries, Navy Dr. (Cmdr.) Robert Wah said.

The recently approved system, he remarked, is slated to debut at up to seven military hospitals within the next year.

"We will gather lessons learned and then we plan to go worldwide over the next three-year period," he explained. Global implementation of CHCS II could take up to five years, Wah noted.

Availability of CHCS II will provide a "data gold mine" for military physicians and other health care professionals, he said. "We can use powerful computers to go

in and 'mine' information to help us take better care of our patients," he explained.

Additionally, the database can provide "symptom surveillance," he said.

That means it could reveal where "a set of symptoms may be coming through our system (and could) alert us earlier to a possible epidemic or even a biological or chemical attack," he continued.

That's something a single person can't discern using low-tech paper records and patient health charts, he said. Paper charts are a storehouse for information on a single patient, Wah explained, but to provide an overall picture of the health of hundreds, thousands or in the DoD case, millions of patients, we need more than rooms full of patients paper charts.

"We can have the computer constantly watching that 'data gold mine,' to see when things may be cropping up," he noted. Wah said other CHCS II benefits include enhanced patient safety --

physicians' reports

and notes are 100 percent legible and there are no transcription errors.

Using computers in the medical field

has proven to be a more accurate, efficient way of doing business, Wah remarked. In the military, for example, the old, sometimes difficult to read, pharmacy prescription slip is a thing of the past, he asserted.

"Military physicians order all medications on computers today," he said.

"We've been able to do that for 10 years now." He pointed out that most doctors in the civilian world still fill out paper prescription slips.

Computerized databases also provide more accurate record keeping for service members being immunized with the smallpox vaccine, Wah said, noting that such methods can quickly identify who was immunized by a particular vaccine batch or lot.

"If there ever is a problem, we can determine who got a shot from a



particular vial, much more quickly than a paper (record keeping) system," he pointed out.

With a paper system, flipping through the pages of medical records to find out just one patient's vaccine information would be very time-consuming, Wah explained.

"Now, because it's all on a computer storehouse, we can have the computer do all of that searching for us," he concluded.

(Continued from page 3)

crowds during this same year to avoid exposure to disease. That is the degree to which those of us who are immunosuppressed must safeguard our health.

I am more than a little concerned about the current widespread smallpox inoculations. My concern is not so much for the person receiving the inoculation because I believe inoculation is necessary. I think proper screening will minimize risks to inoculated individuals. My real concern regards what the inocu-



Vaccine site between first and fourth day of receiving vaccination. (From: DOD Smallpox website)

lated person might inadvertently do afterwards.

This virus is not known to be airborne but can certainly be transmitted by physical contact. If only one person does not give the proper instructions to a recipient or if a vaccine recipient does not care properly for the vaccination site, the results

can potentially be devastating. Smallpox vaccination sites are extremely itchy and the urge to scratch them is great. Scratching without washing puts a whole segment of the community at risk. I'm sure that no one would like to be the cause of even one immunocompromised person dying

from smallpox.

So if you receive the smallpox vaccination or any live virus vaccination, please take extreme care to follow protocols to protect others from YOU!



Man with smallpox. (Photo By: APublic Health Images Library (PHIL) id# 131.

(Continued from page 1)

Naval Hospital Bremerton is new and it's old, Toth said. The new Family Care Center that houses the Family Practice Clinic was a pleasant surprise and Toth had another surprise waiting for him also.

"I learned that I delivered my medical assistant. We joke that we have the longest working relationship of anyone at the hospital," Toth said.

Annelise Cuaron, MA, was born Oct. 8, 1981, a night when then Navy doctor Lt. Toth was on call.

"My mom said he wasn't her regular doctor, but he was there that night, so he delivered me and now I'm his medical assistant. He says I make him feel old."

Cuaron just graduated from Olympic College and began working at the hospital August 1.

Toth said his past experience as a Navy doctor helped him make the decision to come back to the Naval Hospital.

"My own previous knowledge, having been in the Navy before, makes it more comfortable and it's been fun to come back here and find some people who are still here that I knew then, like Imelda Soriano, (RN), and Kathy Lockwood, (RN) and Millie Byczkowski, (Red Cross chairman of volunteers)."

Toth's decision to rejoin the Navy Medicine team sprung first from a desire to "put some balance back into my life," he said. He accomplished some of that during a short break when he did some volunteer medicine in a remote Mexican village with the "Flying Samaritans," a group of pilots and physicians from California.

Toth said his practice differs

somewhat from the civilian sector where he did more geriatric work, but, he said, he finds many aspects of current Navy Medicine very satisfying.

"Because this system is integrated, your patients go to the same lab, same pharmacy and have the same insurance, and that allows the system to utilize computers more readily and there is much less paperwork. In the civilian sector we are often dealing with 50 different insurance companies who all have their own way of doing business.

"Plus you are in a hospital not a clinic. It is very stimulating to have access to the academic setting. So far it is working out great. I'm very happy, although I miss my colleagues and patients at the clinic," he said.

New web-based central credentialing and quality assurance system supports readiness of Military Health System providers

By **TRICARE Management Activity (East)**

The Department of Defense announces a new medical provider repository that enables medical contingency planners to identify all qualified Military Health System providers for medical management of combat casualties, including nuclear, biological or chemical casualties. The Web-based Central Credentials Quality Assurance System (CCQAS) ensures that qualified providers are identified and ready to deploy in time of emergency, according to Navy Capt. Ben Long,

Resources Information Technology Program Office program manager.

"This version of CCQAS goes well beyond its key role in supporting peacetime health care in the Department of Defense. We've worked hard to make this Web-based version user-friendly with a solid reporting capability to get the right clinical provider to the right place at the right time in support of the medical readiness mission.

We're proud to see it working so well," said Long.

The new version of CCQAS maintains and

tracks the credentials, readiness status, training, malpractice claims and adverse privileging actions of providers at more than 500 military treatment facilities and reserve centers. Other accessible information includes clinician demographics, education and training, and medical readiness requirements.

Authorized users may access the system online from any place, at any time. The system provides improved data quality and supplies easy-to-use, powerful standard and ad hoc reports. This new system consolidates 540 separate

databases of the previous client-server version and replaces six service legacy systems.

The MHS Information Technology Program Executive Office recently selected CCQAS as the recipient of the 2002 Team Award. The team effort, which employed a rapid and joint application development approach, resulted in an application with outstanding reviews from CCQAS users. Four out of five users surveyed indicated a high degree of satisfaction and acknowledged that the application significantly improves their productivity.



Madigan Army Medical Center—Two employees, Ms. JoAnne Fletcher (far left & right, chief, contract services and Ms. Kristen Moody), contract specialist for the North West Office of the Lead Agent staff were recognized in January by Naval Hospital Commanding Officer Capt. Christine Hunter and Director of Health Care Support Mr. Terry Roberts for assisting Naval Hospital Bremerton during an unprecedented fiscal year close-out for 2002. During this period over \$seven-hundred thousand in contracts were awarded helping ensure that critical staffing resources were on line to deliver patient care in the new fiscal year. (Photo by Mr. Rod Smith)